COPY OF PAPERS ORIGINALLY FILED

1614

#19/10 JUN 1 7 2002

Please type a plus sign (X) inside this box Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/762,630 Filing Date February 12, 2001 First Named Inventor Koral Embil POWER OF ATTORNEY OR: Title Nimesulide Containing Topical AUTHORIZATION OF AGENT Pharmaceutical Compositions Group Art Unit 1614 Examiner Name Dwayne C. Jones JUN 1 1 2002 Attorney Docket Number 47513-0100 (47513-253113) CENTA TEHU I hereby appoint: Practitioners at Customer Number. 23370 OR PAIENI ILADEMARI OFFICE Practitioner(s) named below: **Registration Number** Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: ☐ The above-mentioned Customer Number Place Customer OR Number Bar Code Practitioners at Customer Number. Label here Firm or Individual Name Address Address City State Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Ramon-Figueroa Name Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

*Total of 4 forms are submitted.



Please type a plus sign (X) inside this box

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	09/762,630
Filing Date	February 12, 2001
First Named Inventor	Koral Embil
Group Art Unit	1614
Examiner Name	Dwayne C. Jones
Attorney Docket Number	47513-0100 (47513-253113)

REVOCATI		OF POWER OF	Filing Date		February 12,	2001		
		IEY OR	First Named Inv	entor	Koral Embil			HOFF
		ON OF AGENT	Group Art Unit		1614			
AUINUNIZ		DIN OF AGENT	Examiner Name		Dwayne C. J	ones		
			Attorney Docket	Number	47513-0100	(47513-2	53113)	CENTER
I hereby revoke application:	all pre	vious powers of attorney o	or authorizations	of agent	given in the	above-id	dentified	1600/2900
☐ A Power of	Attorn	ey or Authorization of Age	ent is submitted h	erewith.				
OR								
☐ Please cha	inge th	e correspondence addres	s for the above-io	dentified	application to) :		
☐ Custor	ner Nu	mber				e Custon		
OR						abel here		
Firm or Individual Nam	ne							
Address								_
Address								
City			State	9		ZIP		
Country								
Telephone			Fax					
I am the:								
	nvento	r.						
		d of the entire interest. Se 37 CFR 3.73(b) is enclose		SB/96)				
		SIGNATURE of App	licant or Assign	nee of Ro	ecord			
Name	Ram	on Figueroa)					
Signature		Kamon Veg	<u>` </u>					
Date		5/29/02						
		nventors or assignees of reco e signature is required, see b		rest or the	eir representat	ive(s) are	required. Subm	it
M *Total of 4 forms	ara cub	mitted						7

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

8. 2002 1:24PM

KILPATRICK'STOCKTO

NO. 3229 Р.

JUN 1 1 2002

FROM

Ptgase type a plus sign (X) inside this box

PTG/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0881-0035

U.S. Fistent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/782,630 Fabruary 12, 2001 Filing Date Koral Embil First Named Inventor POWER OF ATTORNEY OR Nimesulide Containing Topical Pharmaceutical Compositions **AUTHORIZATION OF AGENT Group Art Unit** Dwayne C. Jones **Examiner Name** Attorney Docket Number 47513-0100 (47513-253113)

Inder the Paperwork Reduction Act of 1995, no persons are requi	ired to respond to a collection of inform	nation unless it displays a vi	alid OMB control number.
	Application Number	U8/102,030	
	Filing Date	Fabruary 12,	2001
	First Named Inventor		
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Title	Nimesulide C Pharmaceutic	ontaining Topical seal Compositions
ACTIONIZATION OF ACENT	Group Art Unit	1814	·
	Examiner Name	Dwayne C. J	ones Seno
	Attorney Docket Nur	nber 47513-0100	ones (47513-253113)
I hereby appoint: Practitioners at Customer Number. OR Practitioner(s) named below:	-	 ▶	23370
Name		Registration Nur	nber
			·
as my/our attomey(s) or agent(s) to prosec	cute the application identifie	ed above, and to tran	sact all
business in the United States Patent and 1	Trademark Office connecte	d therewith.	
Please change the correspondence addre The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or	nber		Place Customer Number Bar Code Label here
Individual Name Address			
Address			
City	State	Z	Р
Country			
	Fax		
Telephone	J 1 WA	<u> </u>	
I am the: ☑ Applicant/Inventor. ☑ Assignee of record of the entire interestatement under 37 CFR 3.73(b) is expected.	nciosed. (Form PTO/SB/94		
SIGNATURE	of Applicant or Assignee	of Record	
Name Koral Embli	2 10		
Signature			
Dat May 9, 2002	- Wy		
NOTE: Signatures of all the inventors or assignees of forms if more than one signature is required, see below	record of the entire interest or the	ir representative(s) are a	equired. Submit multiple
▼Total of 4 forms are submitted.			

Burden Hour Statement: This form is calimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissionar for Patenta, Washington, DC 20231.

Ö9-MAY-2002 8:51 FROM_EMBIL ILAC		.003
1. 0. 2002 1.241	TPE	•• 7
/	/ IIIN +	
•	1 2005 🖹	
Presse type a plus align (N) inside this box	Approved for use through 10/31/2002. OMB 0651-	0036
/	ングラ。 tLig: phitient and Trademark Office: U.S. DEPARTMENT OF COMME	HCE
Under the Paperwork Reduction Act of 1995, no persons are requi	ired to respond to a collection of information unless it displays a valid CMS control num	

REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT

7	Application Number	09/762,630	
	Filing Date	February 12, 2001	
1	First Named Inventor	Koral Embil	
1	Group Art Unit	1614	
	Examiner Name	Dwayne C. Jones	
	Attorney Docket Number	47513-0100 (47513-253119)	

I hereby revoke application:	ali previous ;	powers of attorn	ey or authoriza	ations of ag	jent give	n in the : ·	above-id	lentified	0/1000
A Power of Attorney or Authorization of Agent is submitted herewith.									
OR				٠					
Please cha	ange the corre	spondence add	iress for the at	ove-identi	ied appli	cation to	:		
☐ Custo	mer Number] -	• [Numb	e Custom er Bar Co abel here		
Firm or Individual Nam	ne								
Address									
Address				0	Τ		7/0		
City				State	J		ZiP		
Country				Fax	1				
Telephone				7 44	L			***	
I am the:									
Applicant/I	nventor.	•							
Assignee of Statement	of record of the under 37 CFF	e entire interest. ? 3.73(b) is enc	. See 37 CFR losed. (Form l	3.71. PTO/SB/96)				
	S	GNATURE of	Applicant or A	lssignee d	f Record	d			
Name	Koral Emb	oil	N						
Signature		X DAO	\				······································		
Date	May 9,	2002	٧						
NOTE: Signatures of multiple forms if more	all the inventors than one signal	or assignees of ture is required, s	record of the ent	ire Interest o	r their rep	resentati	ve(s) are	required.	Submit
Total of 2		submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, CC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ATLL:002 62491.1

OPY OF A PERSED